

DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION  
**RECORDS RETENTION AND DISPOSAL SCHEDULE**

Schedule No. 2494

Page 1 of 2

Agency

Division/Unit

Maryland Dept of Agriculture  
Supersedes Schedule 1683  
MAICS/Food Quality Assurance Program

Item No.	Description	Retention
1	<u>Miscellaneous subject files</u> -Printing requests, agricultural organizations ex. Maryland Egg Council, Nero, state fair information, Open house, Legislative information	Retained in office and screened annually. When no administrative value, then destroyed
2	<u>Correspondence to Egg Inspection Retailers/food service &amp; Distributors</u> - Violation letters, Carton waivers, Late penalty notices and waivers	Retained in office and screened annually. When no administrative value then destroyed
3	<u>Grading Facilities Files</u> -Files for each facility, miscellaneous correspondence concerning provision of service.	Retained in office and screened annually, when no administrative value then destroyed
4	<u>Cycle reports</u> – Claims for reimbursement and back up documentation, information on reimbursement policies.	Retained in office and screened annually, when no administrative value then destroyed
5	<u>Fruit and Vegetables files</u> - standards and inspection instructions, GAP&GHP audit information, certificates, visual aids, inspector training records, license log, quality manual, and other reference files as required by USDA-AMS-FPB.	Files are updated or replaced as new instructions become available. Remainder of files are maintained until advised by USDA-AMS-FBS to destroy.
6	<u>Budget and Personnel</u> - Budget forms and budget information, individual employee records containing USDA employee performance, tests and training information	Retained in office and screened annually, when no administrative value then destroyed
7	<u>Grain Dealers Licensing Law</u> - Correspondence, applications, certificates of insurance, and confidential financial information submitted with application.	All records including closed case files retained in Salisbury office as a source of reference. Destroy when no longer needed.
8	<u>Egg Inspection Reports</u> – Inspection Reports	Retained in office for 3 years, then destroyed
9	<u>Shell Egg Surveillance</u> - Inspection reports, and reimbursement reports, along with miscellaneous information	Records to be retained in office for 3 years, then destroyed.
10	<u>Invoices and Purchase Orders</u> - invoices and purchased for fiscal years	Retained in office for 3 years then destroyed
* Signature block on second page		

DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION  
**RECORDS RETENTION AND DISPOSAL SCHEDULE**

Schedule No. 2494

Page 2 of 2

Agency

Division/Unit

Maryland Dept of Agriculture  
Supersedes Schedule 1683  
MAICS/Food Quality Assurance Program

Item No.	Description	Retention
11	<u>Assessment and Registration applications and reports</u> – quarterly reports, deposits, and registration applications	Retain in office for 3 years, then destroy
12	<u>Organic Certification Operations</u> - Application, inspection reports, correspondence and miscellaneous information	Retain in office for 10 years, then destroy as required by NOP. (National Organic Program)
13	<u>Miscellaneous organic subject files</u> - USDA grant reports, reimbursement of cost share, audits of program conducted by USDA	Records to be retained in office and screened annually, when no administrative value then destroyed.

Schedule Approved by Department, Agency, or Division Representative

Date

Signature

Typed Name Deanna L. Baldwin

Title Program Manager

Schedule Authorized by State Archivist

Date 2 Jun 09

Signature Edward C. [unclear]

<b>Instructions:</b> Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Rd, P O Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  Page 1 of 13		
<b>1. Department/Agency</b>  Agriculture	<b>2. Division</b>  MAICS	<b>3. Unit</b>  Food Quality Assurance Program			
<b>Definition - Records Series - A Group of related records normally filed and used as a unit for reference as well as retention and disposition purposes</b>					
<b>4. Record Series Title</b> Alphabetical A-Z Miscellaneous Subject Files A		<b>5. Earliest Year/Latest Year</b> 2000 to Present			
<b>6. RECORD SERIES DESCRIPTION</b> (Briefly describe the types of information/documents/forms in the Series. Include the purpose or function of the Series)  Printing requests, files for agricultural organization, grants.					
<b>7. RECORD SERIES FORMAT(S)</b>  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____	<b>8. RECORD SERIES SEQUENCE</b>  <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____	<b>9. VOLUME</b> <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (Specify) _____ 10 Number <b>10. ANNUAL ACCUMULATION</b> <input type="checkbox"/> File Drawer (s) <input type="checkbox"/> Microfilm Reel (s) <input type="checkbox"/> Computer Tapes (s) <input checked="" type="checkbox"/> Other (Specify) same 0 Number			
<b>11. FILE IS USED</b>  <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually	<b>12. FILE BECOMES INACTIVE AFTER</b>  _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number				
<b>13. CURRENT LOCATION(S)</b> (Bldg, Floor Room) Room	<b>14. IS RECORD SERIES DUPLICATED ELSEWHERE?</b> (if yes, specify agency or office) <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No				
<b>15. ACCESS RSTRICTIONS</b> (If yes, cite law(s) & regulation(s)) <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No	<b>16. AUDIT REQUIREMENTS</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent				
<b>17. IS AN INDEX SYSTEM USED?</b> (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No	<b>18. RECOMMENDED RETENTION</b> Retained in office. Screened annually and material with no administrative value is destroyed.				
<b>19. NAME AND TITLE OF PREPARER</b>  Sherry Weygant, Administrative Officer I	<b>20. TELEPHONE NUMBER</b>  410-841-5769	<b>21. DATE</b>  1/15/2009			

<b>Instructions:</b> Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Rd, P O Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  Page 2 of 13	
<b>1. Department/Agency</b>  Agriculture	<b>2. Division</b>  MAICS	<b>3. Unit</b>  Food Quality Assurance Program		
<b>Definition – Records Series – A Group of related records normally filed and used as a unit for reference as well as retention and disposition purposes</b>				
<b>4. Record Series Title</b>  Correspondence Egg Inspection Retailers& Wholesalers Chronological Oder		<b>5. Earliest Year/Latest Year</b>  <u>2000</u> to <u>Present</u>		
<b>6. RECORD SERIES DESCRIPTION</b> (Briefly describe the types of information/documents/forms in the Series. Include the purpose or function of the Series)  Correspondence and miscellaneous information.				
<b>7. RECORD SERIES FORMAT(S)</b>  <input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		<b>8. RECORD SERIES SEQUENCE</b>  <input checked="" type="checkbox"/> Alphabetica <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		<b>9. VOLUME</b> <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (Specify) _____ <u>10</u> Number  <b>10. ANNUAL ACCUMULATION</b> <input type="checkbox"/> File Drawer (s) <input type="checkbox"/> Microfilm Reel (s) <input type="checkbox"/> Computer Tapes (s) <input checked="" type="checkbox"/> Other (Specify) <u>same</u> <u>0</u> Number
<b>11. FILE IS USED</b>  <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		<b>12 FILE BECOMES INACTIVE AFTER</b>  _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
<b>13. CURRENT LOCATION(S)</b> (Bldg, Floor Room) Room		<b>14. IS RECORD SERIES DUPLICATED ELSEWHERE?</b> (if yes, specify agency or office)  <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No		
<b>15. ACCESS RSTRICTIONS</b> (If yes, cite law(s) & regulation(s))  <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No		<b>16. AUDIT REQUIREMENTS</b>  <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
<b>17. IS AN INDEX SYSTEM USED?</b> (If yes, explain briefly and describe any hardware/software)  <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No		<b>18. RECOMMENDED RETENTION</b> Retained in office. Screened annually and material with no administrative value is destroyed.		
<b>19. NAME AND TITLE OF PREPARER</b>  Sherry Weygant, Administrative Officer I		<b>20. TELEPHONE NUMBER</b>  410-841-5769	<b>21. DATE</b>  1/15/2009	

<b>Instructions:</b> Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> RECORDS MANAGEMENT DIVISION 7275 Waterloo Rd, P O Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  Page 3 of 13	
<b>1. Department/Agency</b>  Agriculture		<b>2. Division</b>  MAICS		<b>3. Unit</b>  Food Quality Assurance Program	
<b>Definition – Records Series – A Group of related records normally filed and used as a unit for reference as well as retention and disposition purposes</b>					
<b>4. Record Series Title</b>  Alphabetical Grading Facilities' Files				<b>5. Earliest Year/Latest Year</b>  2000 to Present	
<b>6. RECORD SERIES DESCRIPTION</b> (Briefly describe the types of information/documents/forms in the Series. Include the purpose or function of the Series)  Miscellaneous Correspondence concerning provision of service.					
<b>7. RECORD SERIES FORMAT(S)</b>  <input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		<b>8. RECORD SERIES SEQUENCE</b>  <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		<b>9. VOLUME</b> <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (Specify) _____ 1 Number	
<b>11. FILE IS USED</b>  <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually		<b>12. FILE BECOMES INACTIVE AFTER</b>  _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)			
<b>13. CURRENT LOCATION(S)</b> (Bldg, Floor Room) Room		<b>14. IS RECORD SERIES DUPLICATED ELSEWHERE?</b> (if yes, specify agency or office)  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>15. ACCESS RESTRICTIONS</b> (If yes, cite law(s) & regulation(s))  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>16. AUDIT REQUIREMENTS</b>  <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
<b>17. IS AN INDEX SYSTEM USED?</b> (If yes, explain briefly and describe any hardware/software)  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>18. RECOMMENDED RETENTION</b> retained in office and screened annually			
<b>19. NAME AND TITLE OF PREPARER</b>  Sherry Weygant, Administrative Officer I		<b>20. TELEPHONE NUMBER</b>  410-841-5769		<b>21. DATE</b>  1/15/2009	

<b>Instructions:</b> Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Rd, P O Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  Page 4 of 13
<b>1. Department/Agency</b>  Agriculture	<b>2. Division</b>  MAICS	<b>3. Unit</b>  Food Quality Assurance Program	
<b>Definition – Records Series – A Group of related records normally filed and used as a unit for reference as well as retention and disposition purposes</b>			
<b>4. Record Series Title</b>  Cycle Reports		<b>5. Earliest Year/Latest Year</b>  2000 to Present	
<b>6. RECORD SERIES DESCRIPTION</b> (Briefly describe the types of information/documents/forms in the Series. Include the purpose or function of the Series)  Files contained by billing cycles as part of the Cooperative Agreement between the State of Maryland and the Federal Government. Files include claims for reimbursement and aback up documentation, information on reimbursement policies. <u>Form PY-171 Claim for Reimbursement</u> (reclaim monies for Federal Government for services provided and expenses incurred by State Employees for performing work as regulated by the Federal Government. <u>Form PY-171-1 Supplement to Claim for Reimbursement</u> (itemized breakdown of claims for reimbursement) <u>Federal Technical Supervisory Time &amp; Expense Reports</u> (itemized breakdown of time and expenses incurred to perform routine Federal technical supervisory duties) <u>Form PY-76-1 Daily SurveillanceCoast Report</u> (to record time, mileage, and samples involved while performing surveillance visits at registrant sites.			
<b>7. RECORD SERIES FORMAT(S)</b>  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		<b>8. RECORD SERIES SEQUENCE</b>  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____	
<b>11. FILE IS USED</b>  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually		<b>9. VOLUME</b> <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (Specify) _____ 4 Number	
<b>13. CURRENT LOCATION(S)</b> (Bldg, Floor Room) Room		<b>12. FILE BECOMES INACTIVE AFTER</b>  _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number	
<b>15. ACCESS RSTRICTIONS</b> (If yes, cite law(s) & regulation(s))  <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No		<b>14. IS RECORD SERIES DUPLICATED ELSEWHERE?</b> (if yes, specify agency or office)  <input checked="" type="checkbox"/> Yes <u>Salisbury Office</u> <input type="checkbox"/> No	
<b>17. IS AN INDEX SYSTEM USED?</b> (If yes, explain briefly and describe any hardware/software)  <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No		<b>16. AUDIT REQUIREMENTS</b>  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent	
<b>19. NAME AND TITLE OF PREPARER</b>  Sherry Weygant, Administrative Officer I		<b>20. TELEPHONE NUMBER</b>  410-841-5769	<b>21. DATE</b>  1/15/2009
<b>DGS 550-4- (Revised 1/93)</b>			

<b>Instructions:</b> Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Rd, P O Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  Page 5 of 13		
<b>1. Department/Agency</b>  Agriculture	<b>2. Division</b>  MAICS	<b>3. Unit</b>  Food Quality Assurance Program			
<b>Definition - Records Series - A Group of related records normally filed and used as a unit for reference as well as retention and disposition purposes</b>					
<b>4. Record Series Title</b>  Fruits and Vegetables	<b>5. Earliest Year/Latest Year</b>  2000 to Present				
<b>6. RECORD SERIES DESCRIPTION</b> (Briefly describe the types of information/documents/forms in the Series. Include the purpose or function of the Series)  Standards and inspection instructions for grading and inspecting fresh fruit and vegetables. GAP&GHP audit information, certificates, visual aids, inspector training records, license log, and other reference files as required by USDA-AMS-FPB..					
<b>7. RECORD SERIES FORMAT(S)</b>  <input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____	<b>8. RECORD SERIES SEQUENCE</b>  <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____	<b>9. VOLUME</b> <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (Specify) _____ 3 Number  <b>10. ANNUAL ACCUMULATION</b> <input type="checkbox"/> File Drawer (s) <input type="checkbox"/> Microfilm Reel (s) <input type="checkbox"/> Computer Tapes (s) <input type="checkbox"/> Other (Specify) _____ 1/2 Number			
<b>11. FILE IS USED</b>  <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually	<b>12. FILE BECOMES INACTIVE AFTER</b>  _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number				
<b>13. CURRENT LOCATION(S)</b> (Bldg, Floor Room) Room	<b>14. IS RECORD SERIES DUPLICATED ELSEWHERE?</b> (if yes, specify agency or office)  <input checked="" type="checkbox"/> Yes <u>Salisbury Field Office</u> <input type="checkbox"/> No				
<b>15. ACCESS RSTRICTIONS</b> (If yes, cite law(s) & regulation(s))  <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No	<b>16. AUDIT REQUIREMENTS</b>  <input type="checkbox"/> None <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent				
<b>17. IS AN INDEX SYSTEM USED?</b> (If yes, explain briefly and describe any hardware/software)  <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No	<b>18. RECOMMENDED RETENTION</b> Retained for reference indefinitely until advised by USDA-AMS-FPB to destroy				
<b>19. NAME AND TITLE OF PREPARER</b>  Sherry Weygant, Administrative Officer I	<b>20. TELEPHONE NUMBER</b>  410-841-5769	<b>21. DATE</b>  1/15/2009			

<b>Instructions:</b> Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Rd, P O Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  Page 6 of 13		
<b>1. Department/Agency</b>  Agriculture	<b>2. Division</b>  MAICS	<b>3. Unit</b>  Food Quality Assurance Program			
<b>Definition – Records Series – A Group of related records normally filed and used as a unit for reference as well as retention and disposition purposes</b>					
<b>4. Record Series Title</b>  Budget and Personnel		<b>5. Earliest Year/Latest Year</b>  2000 to Present			
<b>6. RECORD SERIES DESCRIPTION</b> (Briefly describe the types of information/documents/forms in the Series. Include the purpose or function of the Series)  Yearly budget forms and individual personnel folders					
<b>7. RECORD SERIES FORMAT(S)</b>  <input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____	<b>8. RECORD SERIES SEQUENCE</b>  <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____	<b>9. VOLUME</b> <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (Specify) _____ 1 1/2 Number  <b>10. ANNUAL ACCUMULATION</b> <input type="checkbox"/> File Drawer (s) <input type="checkbox"/> Microfilm Reel (s) <input type="checkbox"/> Computer Tapes (s) <input checked="" type="checkbox"/> Other (Specify) same 0 Number			
<b>11. FILE IS USED</b>  <input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<b>12. FILE BECOMES INACTIVE AFTER</b>  3 <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number				
<b>13. CURRENT LOCATION(S)</b> (Bldg, Floor Room) Room	<b>14. IS RECORD SERIES DUPLICATED ELSEWHERE?</b> (if yes, specify agency or office)  <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No				
<b>15. ACCESS RESTRICTIONS</b> (If yes, cite law(s) & regulation(s))  <input checked="" type="checkbox"/> Yes personnel files <input type="checkbox"/> No	<b>16. AUDIT REQUIREMENTS</b>  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent				
<b>17. IS AN INDEX SYSTEM USED?</b> (If yes, explain briefly and describe any hardware/software)  <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No	<b>18. RECOMMENDED RETENTION</b> discarded after 3 years				
<b>19. NAME AND TITLE OF PREPARER</b>  Sherry Weygant, Administrative Officer I	<b>20. TELEPHONE NUMBER</b>  410-841-5769	<b>21. DATE</b>  1/15/2009			



<b>Instructions:</b> Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Rd, P O Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  Page 7 of 13		
<b>1. Department/Agency</b>  Agriculture	<b>2. Division</b>  MAICS	<b>3. Unit</b>  Food Quality Assurance Program			
<b>Definition – Records Series – A Group of related records normally filed and used as a unit for reference as well as retention and disposition purposes</b>					
<b>4. Record Series Title</b>  Maryland Grain Dealer Licensing Law		<b>5. Earliest Year/Latest Year</b>  2000 to Present			
<b>6. RECORD SERIES DESCRIPTION</b> (Briefly describe the types of information/documents/forms in the Series. Include the purpose or function of the Series)  Alphabetical files of applications and correspondence for processing grain dealer licenses. Individual files include general correspondence, applications, certificates of insurance and confidential financial information such as, audits, reviews, letter of credit surety bonds and balance sheets pertaining to license applicants. Records of deposits.					
<b>7. RECORD SERIES FORMAT(S)</b>  <input type="checkbox"/> letter Size <input type="checkbox"/> Microfilm <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____	<b>8. RECORD SERIES SEQUENCE</b>  <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____	<b>9. VOLUME</b> <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (Specify) _____ 3 drawers & 2 file boxes Number _____ <b>10. ANNUAL ACCUMULATION</b> <input checked="" type="checkbox"/> File Drawer (s) <input type="checkbox"/> Microfilm Reel (s) <input type="checkbox"/> Computer Tapes (s) <input type="checkbox"/> Other (Specify) same 1/3 Number _____			
<b>11. FILE IS USED</b>  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<b>12 FILE BECOMES INACTIVE AFTER</b>  _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number _____				
<b>13. CURRENT LOCATION(S)</b> (Bldg, Floor Room) Salisbury Office	<b>14. IS RECORD SERIES DUPLICATED ELSEWHERE?</b> (if yes, specify agency or office)  <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No				
<b>15. ACCESS RSTRICTIONS</b> (If yes, cite law(s) & regulation(s))  <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No	<b>16. AUDIT REQUIREMENTS</b>  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent				
<b>17. IS AN INDEX SYSTEM USED?</b> (If yes, explain briefly and describe any hardware/software)  <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No	<b>18. RECOMMENDED RETENTION</b> retained in office				
<b>19. NAME AND TITLE OF PREPARER</b>  Sherry Weygant, Administrative Officer I	<b>20. TELEPHONE NUMBER</b>  410-841-5769	<b>21. DATE</b>  1/15/2009			

<b>Instructions:</b> Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Rd, P O Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  Page 8 of 13		
<b>1. Department/Agency</b>  Agriculture	<b>2. Division</b>  MAICS	<b>3. Unit</b>  Food Quality Assurance Program			
<b>Definition – Records Series – A Group of related records normally filed and used as a unit for reference as well as retention and disposition purposes</b>					
<b>4. Record Series Title</b>  Egg Inspection Reports		<b>5. Earliest Year/Latest Year</b>  2005 to Present			
<b>6. RECORD SERIES DESCRIPTION</b> (Briefly describe the types of information/documents/forms in the Series. Include the purpose or function of the Series)  Wholesale and retail inspection reports . Inspections conducted as required under the Maryland Egg Law. Forms MDA C12					
<b>7. RECORD SERIES FORMAT(S)</b>  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____	<b>8. RECORD SERIES SEQUENCE</b>  <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____	<b>9. VOLUME</b> <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (Specify) _Computer Data Base_____ 1 Number <b>10. ANNUAL ACCUMULATION</b> <input type="checkbox"/> File Drawer (s) <input type="checkbox"/> Microfilm Reel (s) <input type="checkbox"/> Computer Tapes (s) <input checked="" type="checkbox"/> Other (Specify) _same_____ 0 Number			
<b>11. FILE IS USED</b>  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<b>12 FILE BECOMES INACTIVE AFTER</b>  3 <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number				
<b>13. CURRENT LOCATION(S)</b> (Bldg, Floor Room) Bldg	<b>14. IS RECORD SERIES DUPLICATED ELSEWHERE?</b> (if yes, specify agency or office) <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No				
<b>15. ACCESS RSTRICTIONS</b> (If yes, cite law(s) & regulation(s)) <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No	<b>16. AUDIT REQUIREMENTS</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent				
<b>17. IS AN INDEX SYSTEM USED?</b> (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No	<b>18. RECOMMENDED RETENTION</b> Records retained in office for three years, Records on database since 1993				
<b>19. NAME AND TITLE OF PREPARER</b>  Sherry Weygant, Administrative Officer I	<b>20. TELEPHONE NUMBER</b>  410-841-5769	<b>21. DATE</b>  1/15/2009			

<b>Instructions:</b> Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Rd, P O Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  Page 9 of 13		
<b>1. Department/Agency</b>  Agriculture	<b>2. Division</b>  MAICS	<b>3. Unit</b>  Food Quality Assurance Program			
<b>Definition – Records Series – A Group of related records normally filed and used as a unit for reference as well as retention and disposition purposes</b>					
<b>4. Record Series Title</b>  Shell Egg Surveillance Inspection		<b>5. Earliest Year/Latest Year</b>  2005 to Present			
<b>6. RECORD SERIES DESCRIPTION</b> (Briefly describe the types of information/documents/forms in the Series. Include the purpose or function of the Series)  Inspection Reports filed by county and reimbursement reports, inspections performed through cooperative agreement with USDA and reports filed for reimbursement of work performed. Form #'s PY156 & PY76					
<b>7. RECORD SERIES FORMAT(S)</b>  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____	<b>8. RECORD SERIES SEQUENCE</b>  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input checked="" type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____	<b>9. VOLUME</b> <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (Specify) _____ 1 Number <b>10. ANNUAL ACCUMULATION</b> <input type="checkbox"/> File Drawer (s) <input type="checkbox"/> Microfilm Reel (s) <input type="checkbox"/> Computer Tapes (s) <input checked="" type="checkbox"/> Other (Specify) same 0 Number			
<b>11. FILE IS USED</b>  <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually	<b>12. FILE BECOMES INACTIVE AFTER</b>  _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number *Determined by Federal Supervisor				
<b>13. CURRENT LOCATION(S)</b> (Bldg, Floor Room) Room	<b>14. IS RECORD SERIES DUPLICATED ELSEWHERE?</b> (if yes, specify agency or office)  <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No				
<b>15. ACCESS RSTRICTIONS</b> (If yes, cite law(s) & regulation(s))  <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No	<b>16. AUDIT REQUIREMENTS</b>  <input type="checkbox"/> None <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent				
<b>17. IS AN INDEX SYSTEM USED?</b> (If yes, explain briefly and describe any hardware/software)  <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No	<b>18. RECOMMENDED RETENTION</b> retained in office for 3 years				
<b>19. NAME AND TITLE OF PREPARER</b>  Sherry Weygant, Administrative Officer I	<b>20. TELEPHONE NUMBER</b>  410-841-5769	<b>21. DATE</b>  1/15/2009			

<b>Instructions:</b> Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Rd, P O Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  Page 10 of 13		
<b>1. Department/Agency</b>  Agriculture	<b>2. Division</b>  MAICS	<b>3. Unit</b>  Food Quality Assurance Program			
<b>Definition – Records Series – A Group of related records normally filed and used as a unit for reference as well as retention and disposition purposes</b>					
<b>4. Record Series Title</b>  Invoices and Purchase Orders	<b>5. Earliest Year/Latest Year</b>  2005 to Present				
<b>6. RECORD SERIES DESCRIPTION</b> (Briefly describe the types of information/documents/forms in the Series. Include the purpose or function of the Series)  Fiscal year purchase order and invoices, keep track of supplies ordered and bills paid, for budget purposes					
<b>7. RECORD SERIES FORMAT(S)</b>  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____	<b>8. RECORD SERIES SEQUENCE</b>  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____	<b>9. VOLUME</b> <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (Specify) _____  1 Number  <b>10. ANNUAL ACCUMULATION</b> <input type="checkbox"/> File Drawer (s) <input type="checkbox"/> Microfilm Reel (s) <input type="checkbox"/> Computer Tapes (s) <input checked="" type="checkbox"/> Other (Specify) same  0 Number			
<b>11. FILE IS USED</b>  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<b>12 FILE BECOMES INACTIVE AFTER</b>  3 <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number				
<b>13. CURRENT LOCATION(S)</b> (Bldg, Floor Room)  Room	<b>14. IS RECORD SERIES DUPLICATED ELSEWHERE?</b> (if yes, specify agency or office)  <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No				
<b>15. ACCESS RSTRICTIONS</b> (If yes, cite law(s) & regulation(s))  <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No	<b>16. AUDIT REQUIREMENTS</b>  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent				
<b>17. IS AN INDEX SYSTEM USED?</b> (If yes, explain briefly and describe any hardware/software)  <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No	<b>18. RECOMMENDED RETENTION</b>  retained for 3 years				
<b>19. NAME AND TITLE OF PREPARER</b>  Sherry Weygant, Administrative Officer I	<b>20. TELEPHONE NUMBER</b>  410-841-5769	<b>21. DATE</b>  1/15/2009			

<b>Instructions:</b> Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Rd, P O Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  Page 11 of 13			
<b>1. Department/Agency</b>  Agriculture	<b>2. Division</b>  MAICS	<b>3. Unit</b>  Food Quality Assurance Program					
<b>Definition – Records Series – A Group of related records normally filed and used as a unit for reference as well as retention and disposition purposes</b>							
<b>4. Record Series Title</b>  Assessment and Registration Applications and Reports			<b>5. Earliest Year/Latest Year</b>  2005 to Present				
<b>6. RECORD SERIES DESCRIPTION</b> (Briefly describe the types of information/documents/forms in the Series. Include the purpose or function of the Series)  Registration forms and assessments reports filed chronologically and producer registrations with more than 3,000 chickens filed by Company							
<b>7. RECORD SERIES FORMAT(S)</b>  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		<b>8. RECORD SERIES SEQUENCE</b>  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		<b>9. VOLUME</b> <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (Specify) _____ 2 Number <b>10. ANNUAL ACCUMULATION</b> <input type="checkbox"/> File Drawer (s) <input type="checkbox"/> Microfilm Reel (s) <input type="checkbox"/> Computer Tapes (s) <input checked="" type="checkbox"/> Other (Specify) same 0 Number			
<b>11. FILE IS USED</b>  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		<b>12 FILE BECOMES INACTIVE AFTER</b>  3 <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number					
<b>13. CURRENT LOCATION(S)</b> (Bldg, Floor Room) Room		<b>14. IS RECORD SERIES DUPLICATED ELSEWHERE?</b> (if yes, specify agency or office)  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>15. ACCESS RSTRICTIONS</b> (If yes, cite law(s) & regulation(s))  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>16. AUDIT REQUIREMENTS</b>  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent					
<b>17. IS AN INDEX SYSTEM USED?</b> (If yes, explain briefly and describe any hardware/software)  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>18. RECOMMENDED RETENTION</b> retained for 3 years					
<b>19. NAME AND TITLE OF PREPARER</b>  Sherry Weygant, Administrative Officer I		<b>20. TELEPHONE NUMBER</b>  410-841-5769	<b>21. DATE</b>  1/15/2009				

<b>Instructions:</b> Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Rd, P O Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  Page 12 of 13		
<b>1. Department/Agency</b>  Agriculture	<b>2. Division</b>  MAICS	<b>3. Unit</b>  Food Quality Assurance Program			
<b>Definition – Records Series – A Group of related records normally filed and used as a unit for reference as well as retention and disposition purposes</b>					
<b>4. Record Series Title</b>  Organic Certification Operations		<b>5. Earliest Year/Latest Year</b>  1998 to Present			
<b>6. RECORD SERIES DESCRIPTION</b> (Briefly describe the types of information/documents/forms in the Series. Include the purpose or function of the Series)  Applications and inspection reports, certificates and miscellaneous information for producers and processors of organic product					
<b>7. RECORD SERIES FORMAT(S)</b>  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____	<b>8. RECORD SERIES SEQUENCE</b>  <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____	<b>9. VOLUME</b> <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (Specify) _____ 8 Number			
		<b>10. ANNUAL ACCUMULATION</b> <input type="checkbox"/> File Drawer (s) <input type="checkbox"/> Microfilm Reel (s) <input type="checkbox"/> Computer Tapes (s) <input checked="" type="checkbox"/> Other (Specify) same 0 Number			
<b>11. FILE IS USED</b>  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<b>12. FILE BECOMES INACTIVE AFTER</b> 10 <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number				
<b>13. CURRENT LOCATION(S)</b> (Bldg, Floor Room) Bldg	<b>14. IS RECORD SERIES DUPLICATED ELSEWHERE?</b> (if yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>15. ACCESS RSTRICTIONS</b> (If yes, cite law(s) & regulation(s)) <input checked="" type="checkbox"/> Yes <u>USDA/NOP 7CFR Part 205.501(a) (10)</u> <input type="checkbox"/> No	<b>16. AUDIT REQUIREMENTS</b> <input type="checkbox"/> None <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent				
<b>17. IS AN INDEX SYSTEM USED?</b> (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>18. RECOMMENDED RETENTION</b> retained for 10 years				
<b>19. NAME AND TITLE OF PREPARER</b>  Sherry Weygant, Administrative Officer I	<b>20. TELEPHONE NUMBER</b>  410-841-5769	<b>21. DATE</b>  1/15/2009			

<b>Instructions:</b> Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Rd, P O Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  Page 13 of 13	
<b>1. Department/Agency</b>  Agriculture		<b>2. Division</b>  MAICS		<b>3. Unit</b>  Food Quality Assurance Program	
<b>Definition - Records Series - A Group of related records normally filed and used as a unit for reference as well as retention and disposition purposes</b>					
<b>4. Record Series Title</b>  Organic Grant Files and Annual Reports to the National Organic Program				<b>5. Earliest Year/Latest Year</b>  1998 to Present	
<b>6. RECORD SERIES DESCRIPTION</b> (Briefly describe the types of information/documents/forms in the Series. Include the purpose or function of the Series)  Grant reports filed by Grant No., Annual Reports to the NOP filed by year. Audits of program conducted by USDA filed by year.					
<b>7. RECORD SERIES FORMAT(S)</b>  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		<b>8. RECORD SERIES SEQUENCE</b>  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		<b>9. VOLUME</b> <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (Specify) _____ 2 Number	
				<b>10. ANNUAL ACCUMULATION</b> <input checked="" type="checkbox"/> File Drawer (s) <input type="checkbox"/> Microfilm Reel (s) <input type="checkbox"/> Computer Tapes (s) <input type="checkbox"/> Other (Specify) _____ 1/4 Number	
<b>11. FILE IS USED</b>  <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		<b>12. FILE BECOMES INACTIVE AFTER</b> 10 <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number			
<b>13. CURRENT LOCATION(S)</b> (Bldg, Floor Room) Room		<b>14. IS RECORD SERIES DUPLICATED ELSEWHERE?</b> (if yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>15. ACCESS RSTRICTIONS</b> (If yes, cite law(s) & regulation(s)) <input checked="" type="checkbox"/> Yes <u>USDA/NOP 7CFR Part 205.501(a) (10)</u> <input type="checkbox"/> No		<b>16. AUDIT REQUIREMENTS</b> <input type="checkbox"/> None <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent			
<b>17. IS AN INDEX SYSTEM USED?</b> (If yes, explain briefly and describe any hardware/software) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>18. RECOMMENDED RETENTION</b> retained for 10 years			
<b>19. NAME AND TITLE OF PREPARER</b>  Sherry Weygant, Administrative Officer I		<b>20. TELEPHONE NUMBER</b>  410-841-5769		<b>21. DATE</b>  1/15/2009	